

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450

(703)746-4000 Fax Pax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 07/23/2003

Jennifer K. Johnson, J.D. ZymoGenetics, Inc. 1201 Eastlake Avenue East Seattle, WA 98102



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kim M. Goplen (	Depositor's name)
im M. Joglen	(Signature)
October 17, 2003	(Date)

APPLICATION NO.	FILING DATE ·	TE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/997,610	11/29/2001	Brian A. Fox	00-96	7389	

TITLE OF INVENTION: ADIPOCYTE COMPLEMENT RELATED PROTEIN ZACRP13

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$650	\$300	\$950	10/23/2003		
EXAMD	NER	ART UNIT	CLASS-SUBCLASS	•			
SNEDDEN, S	HERIDAN	1653	530-350000				
Address form PTO/SB/12  "Fee Address" indicati	ence address (or Change o	f Correspondence	2. For printing on the patent the names of up to 3 registers or agents OR, alternatively, single firm (having as a me attorney or agent) and the registered patent attorneys or is listed, no name will be printed.	ed patent attorneys (2) the name of a mber a registered names of up to 2 agents. If no name	n J. Walsh		
(A) NAME OF ASSIGNED ZymoGenetic	to the USPIO or is being E s, Inc.	submitted under separate (B) RE	cover. Completion of this form in SIDENCE: (CITY and STATE Control of the control	<i>'</i>	ate when an assignment has ignment.		
Please check the appropriate				al O corporation or other private	group entity Q government		
4a. The following fee(s) are	enclosed:	-	ment of Fee(s):				
☑ Issue Fee			☐ A check in the amount of the fee(s) is enclosed.				
XPublication Fee		•	☐ Payment by credit card. Form PTO-2038 is attached.				
XAdvance Order - # of C	opies <u>5</u>	Deposi	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0200 (enclose an extra copy of this form).				
Commissioner for Patents is	requested to apply the Iss	ue Fee and Publication Fe	ee (if any) or to re-apply any pre	viously paid issue fee to the applica	ation identified above.		
(Authorized Signature).  NOTE; The Issue Ferancother than the applicant; interest as shown by the received.	a registered attorney or a	agent: or the assignee of	cother party in	3/2003 ZJUHAR2 00000172 2	60290 09997610		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

665.00 DA

300.00 DA

15.00 DA

01 FC:2501

02 FC:1504

03 FC:8001